

PI60000002614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



400277110984

09/23/15--01007--004 **35.00

12/21/15--01001--002 **70.00

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16 JAN 11 PM 12:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

1115-8356

MD 1/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Laineco Social Purpose Corporation
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Tamara Lainie
Contact Person

Laineco Social Purpose Corporation
Firm/Company

3216 Palm Dr.
Address

Delray Beach, FL. 33483
City, State and Zip Code

tlh53@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Lainie at (561) 926-2135
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2015

TAMARA LAINE
3216 PALM DR.
DELRAY BEACH, FL 33483

SUBJECT: LAINECO, SOCIAL PURPOSE CORPORATION
Ref. Number: W15000083156

We have received your document for LAINECO, SOCIAL PURPOSE CORPORATION and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed on line #4 of the Certificate of Conversion must be the same as the name listed in the Articles of Incorporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 915A00027246

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Laineco, Social Purpose Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Tamara Lainc
Name (Printed or typed)

3216 Palm Dr.
Address

Delray Beach, FL 33483
City, State & Zip

561-926-2135
Daytime Telephone number

tlms3@msn.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

16 JAN 11 PM 12:38
RECEIVED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE
FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **Other Business Entity** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Laineco LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Co.
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on July 14, 2015
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Laineco, Social Purpose Corporation

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2016
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 15 day of December, 20 15.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Tamara Laine

Printed Name: Tamara Laine Title: DIRECTOR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Tamara Laine

Printed Name: Tamara Laine Title: Director / manager

Signature: [Signature]

Printed Name: Ryan Laine Title: Director / manager

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	<u>\$35.00</u> ^{pd}
Fees for Florida Articles of Incorporation:	<u>\$70.00</u>
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the social purpose corporation shall be

Laineco, Social Purpose Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3216 Palm Dr.
Delray Beach, FL 33483

2702a 57th St. So.
Gulfport, FL 33707

ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

Providing economic Development
services for people with disabilities.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

creation of job and business
opportunities for people with
disabilities.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Ryan Laine, Vice President Name and Title: _____

Address 3216 Palm DR Address: _____
Delray Beach, FL 33483

Name and Title: Tamara Laine, President Name and Title: _____

Address 2702a 57th St. So. Address: _____
Gulfport, FL 33707

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

If applicable, BENEFIT DIRECTOR:

Name: Tamara Laine
Address: 27029 57th St So
Gulf Port, FL 33707

If applicable, BENEFIT OFFICER:

Name: Ryan Laine
Address: 3216 Palm Dr
Delray Bch, FL 33483

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tamara Laine
Address: 27029 57th St. So.
Gulfport, FL. 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ryan Laine
Address: 3216 Palm Dr.
Delray Bch, FL. 33483

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

must have extensive knowledge of
ADA -

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Tamara Laine
Required Signature/Registered Agent

12/15/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

12/15/15
Date

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TALLAHASSEE, FLORIDA